

Organic Traffic Report & Chain of Custody Record

(For Organic CLP Analysis)

SAS No.
(if applicable)

SAS 6702HQ

Case No.

18642

1. Project Code TFA 102		Account Code		2. Region No. V		3. Sampling Co. WESTON		4. Date Shipped 8/18/92		Carrier Federal Express		6. Preservative (Enter in Column D) 1. HCl 2. HNO3 3. NaHSO4 4. H2SO4 5. Other (SAS) (Specify) 6. Ice only N. Not preserved		7. Sample Description (Enter in Column A) 1. Surface Water 2. Ground Water 3. Leachate 4. Rinsate 5. Soil/Sediment 6. Oil (SAS) 7. Waste (SAS) 8. Other (SAS) (Specify)	
Regional Information				Sampler (Name) Jeff Watson				Airbill Number # 2583983942							
Non-Superfund Program				Sampler Signature <i>Jeff Watson</i>				5. Ship To S3 3398 Carmel Mountain Rd. San Diego, California 92121 ATTN: Elaine Walters tel # (619) 453-0060							
Site Name Sanyo				3. Type of Activity SF <input checked="" type="checkbox"/> Remedial PRP <input type="checkbox"/> PA <input type="checkbox"/> ST <input type="checkbox"/> SS <input checked="" type="checkbox"/> FED <input type="checkbox"/> LSI <input type="checkbox"/> Remedial RIFS <input type="checkbox"/> RD <input type="checkbox"/> RA <input type="checkbox"/> O&M <input type="checkbox"/> NPLD <input type="checkbox"/> Removal CLEM <input type="checkbox"/> REMA <input type="checkbox"/> REM <input type="checkbox"/> OIL <input type="checkbox"/> UST <input type="checkbox"/>											
City, State Richmond, IN		Site Spill ID ZZ													
CLP Sample Numbers (from labels)	A Enter # from Box 7	B Conc. Low Med High	C Sample Type: Comp./Grab	D Preservative from Box 6	E RAS Analysis VOA BNA Pest/PCB ARO/TOX				F Regional Specific Tracking Number or Tag Numbers	G Station Location Number	H Mo/Day/Year/Time Sample Collection	I Sampler Initials	J Corresp. CLP Inorg. Samp. No.	K Designated Field QC	
ERW 22	2	L	G	1	<input checked="" type="checkbox"/>				51135(19),(20),(21)	PWTB-03	8/18/92 956			B-Trip BK	
ERW 23	↓	↓	G	1	<input checked="" type="checkbox"/>				51135(2),(3),(4)	RWD-01 MSD	↓	↓	MEP 20		
↓	↓	↓	C	6		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		51135(1)-(4)	↓	↓	↓	↓		
ERW 24	↓	↓	G	1	<input checked="" type="checkbox"/>				51135(5)-(7)	RWD-01 FB	↓	↓	MEP 21	B-Field Blank	
↓	↓	↓	C	6		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		51135(5)-(8)	↓	↓	↓	↓		
ERW 25	↓	↓	G	1	<input checked="" type="checkbox"/>				51135(28)-(30)	RWD-01 DP	↓	↓	MEP 22	FLD PWP of ERW 23	
↓	↓	↓	C	6		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		51135(39)-(42)	↓	↓	↓	↓		
Shipment for Case complete? (N)		Page 1 of 1		Sample used for a spike and/or duplicate ERW 23				Additional Sampler Signatures Linda Korobka				Chain of Custody Seal Number 154401; 154402			

CHAIN OF CUSTODY RECORD

Relinquished by: (Signature) <i>Jeffrey V. Wood</i>	Date / Time 8/18/92 1700	Received by: (Signature) <i>Linda Korobka</i>	Relinquished by: (Signature)	Date / Time	Received by: (Signature)
Relinquished by: (Signature) <i>Linda Korobka</i>	Date / Time 8/18/92 1900	Received by: (Signature)	Relinquished by: (Signature)	Date / Time	Received by: (Signature)
Received by: (Signature)	Date / Time	Received for Laboratory by: (Signature)	Date / Time	Remarks	Is custody seal intact? Y/N/none
					EPA Region 5 Records Ctr.

EPA Form 9110-2 (Rev. 5-91) Replaces EPA Form (2075-7), previous edition which may be used

DISTRIBUTION:

Blue - Region Copy Pink - SMO Copy White - Lab Copy Yellow - Lab Copy for Return to SMO

Split Samples ☐ Accepted (Signature)

☐ Declined

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DROP OFF YOUR PACKAGE AND SAVE

1 SENDER'S FEDERAL EXPRESS ACCOUNT NUMBER 00006-4537-0		Date 8/18/92	
From (Your Name) Please Print Linda KROBK A		Your Phone Number (Very Important) (708) 918-4000	
2 To (Recipient's Name) Please Print Elaine Walters		Recipient's Phone Number (Very Important) (619) 453-0000	
Company ROY F WESTON INC		Company S3	
Street Address THREE HAWTHORN PKWY STE 400		Exact Street Address (We Cannot Deliver to P.O. Boxes or P.O. Zip Codes.) 3398 Carmel Mountain Rd.	
City VERNON HILLS		City San Diego	
State IL		State CA	
ZIP Required 60061		ZIP Required 92121	
YOUR INTERNAL BILLING REFERENCE INFORMATION (optional) (First 24 characters will appear on invoice.) 70710450045005030			
H IF HOLD FOR PICK-UP, Print FEDEX Address Here Street Address City State ZIP Required			
3 PAYMENT 1 <input checked="" type="checkbox"/> Bill Sender 2 <input type="checkbox"/> Bill Recipient's FedEx Acct. No. 3 <input type="checkbox"/> Bill 3rd Party FedEx Acct. No. 4 <input type="checkbox"/> Bill Credit Card 5 <input type="checkbox"/> Cash/Check Acct./Credit Card No. Exp. Date			
4 SERVICES (Check only one box)		5 DELIVERY AND SPECIAL HANDLING (Check services required)	
Priority Overnight (Delivery by next business morning) 11 <input checked="" type="checkbox"/> YOUR PACKAGING 16 <input type="checkbox"/> FEDEX LETTER* 12 <input type="checkbox"/> FEDEX PAK* 13 <input type="checkbox"/> FEDEX BOX 14 <input type="checkbox"/> FEDEX TUBE Economy Two-Day (Delivery by second business day) 30 <input type="checkbox"/> ECONOMY		Standard Overnight (Delivery by next business afternoon. No Saturday delivery) 51 <input type="checkbox"/> YOUR PACKAGING 56 <input type="checkbox"/> FEDEX LETTER* 52 <input type="checkbox"/> FEDEX PAK* 53 <input type="checkbox"/> FEDEX BOX 54 <input type="checkbox"/> FEDEX TUBE Government Overnight (Restricted for authorized users only) 46 <input type="checkbox"/> GOVT LETTER 41 <input type="checkbox"/> GOVT PACKAGE Freight Service (for packages over 150 lbs.) 70 <input type="checkbox"/> OVERNIGHT FREIGHT** (Confirmed reservation required) 80 <input type="checkbox"/> TWO-DAY FREIGHT**	
6 PACKAGES WEIGHT In Pounds Only YOUR DECLARED VALUE (See right)		7 DIM SHIPMENT (Chargeable Weight) L x W x H Received At 1 <input type="checkbox"/> Regular Stop 3 <input type="checkbox"/> Drop Box 2 <input type="checkbox"/> On-Call Stop 4 <input type="checkbox"/> B.S.C. 5 <input type="checkbox"/> Station	
8 HOLD FOR PICK-UP (Fill in Box H) 2 <input checked="" type="checkbox"/> DELIVER WEEKDAY 3 DELIVER SATURDAY (Extra charge) (Not available to all locations) 4 DANGEROUS GOODS (Extra charge) 5 <input type="checkbox"/> 6 DRY ICE Lbs. 7 OTHER SPECIAL SERVICE 8 <input type="checkbox"/> 9 SATURDAY PICK-UP (Extra charge) 10 <input type="checkbox"/> 12 HOLIDAY DELIVERY (If offered) (Extra charge)		SERVICE CONDITIONS, DECLARED VALUE AND LIMIT OF LIABILITY Use of this airbill constitutes your agreement to the service conditions in our current Service Guide, available upon request. See back of sender's copy of this airbill for information. Service conditions may vary for Government Overnight Service. See U.S. Government Service Guide for details. We will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, and document your actual loss for a timely claim. Limitations found in the current Federal Express Service Guide apply. Your right to recover from Federal Express for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the declared value specified to the left. Recovery cannot exceed actual documented loss. The maximum Declared Value for FedEx Letter and FedEx Pak packages is \$500.00. In the event of untimely delivery, Federal Express will at your request and with some limitations refund all transportation charges paid. See Service Guide for further information. Sender authorizes Federal Express to deliver this shipment without obtaining a delivery signature and shall indemnify and hold harmless Federal Express from any claims resulting therefrom. Release Signature:	
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